

County: Sheboygan
 PLYMOUTH CARE CENTER LLC
 916 E CLIFFORD ST

Facility ID: 7350

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PLYMOUTH 53073 Phone:(920) 893-4777
 Operated from 1/1 To 12/31 Days of Operation: 366
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/04): 60
 Total Licensed Bed Capacity (12/31/04): 60
 Number of Residents on 12/31/04: 56

Ownership: Limited Liability Company
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? No
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 59

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		23.2
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		51.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.8	More Than 4 Years		25.0
Day Services	No	Mental Illness (Org./Psy)	17.9	65 - 74	3.6			-----
Respite Care	No	Mental Illness (Other)	1.8	75 - 84	7.1			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	60.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	26.8	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.8		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	23.2	65 & Over	98.2	-----		
Transportation	No	Cerebrovascular	14.3		-----	RNs		12.7
Referral Service	No	Diabetes	5.4	Gender	%	LPNs		8.3
Other Services	No	Respiratory	1.8	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	33.9	Male	16.1	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	83.9			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	1	2.2	146	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	1.8
Skilled Care	0	0.0	0	38	84.4	126	0	0.0	0	11	100.0	169	0	0.0	0	0	0.0	49	87.5
Intermediate	---	---	---	6	13.3	105	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	6	10.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	0	0.0		45	100.0		0	0.0		11	100.0		0	0.0		0	0.0	56	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	38.1	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	0.0	73.2	26.8	56
Other Nursing Homes	9.5	Dressing	10.7	69.6	19.6	56
Acute Care Hospitals	47.6	Transferring	39.3	42.9	17.9	56
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	32.1	50.0	17.9	56
Rehabilitation Hospitals	0.0	Eating	66.1	25.0	8.9	56
Other Locations	4.8	*****				
Total Number of Admissions	21	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	5.4	Receiving Respiratory Care		5.4
Private Home/No Home Health	4.2	Occ/Freq. Incontinent of Bladder	39.3	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	4.2	Occ/Freq. Incontinent of Bowel	25.0	Receiving Suctioning		0.0
Other Nursing Homes	0.0			Receiving Ostomy Care		0.0
Acute Care Hospitals	0.0	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		17.9
Rehabilitation Hospitals	0.0					
Other Locations	4.2	Skin Care		Other Resident Characteristics		
Deaths	87.5	With Pressure Sores	3.6	Have Advance Directives		98.2
Total Number of Discharges		With Rashes	3.6	Medications		
(Including Deaths)	24			Receiving Psychoactive Drugs		62.5

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.3	88.5	1.11	89.0	1.10	90.5	1.09	88.8	1.11
Current Residents from In-County	94.6	80.0	1.18	81.8	1.16	82.4	1.15	77.4	1.22
Admissions from In-County, Still Residing	57.1	17.8	3.20	19.0	3.00	20.0	2.86	19.4	2.94
Admissions/Average Daily Census	35.6	184.7	0.19	161.4	0.22	156.2	0.23	146.5	0.24
Discharges/Average Daily Census	40.7	188.6	0.22	163.4	0.25	158.4	0.26	148.0	0.27
Discharges To Private Residence/Average Daily Census	3.4	86.2	0.04	78.6	0.04	72.4	0.05	66.9	0.05
Residents Receiving Skilled Care	89.3	95.3	0.94	95.5	0.94	94.7	0.94	89.9	0.99
Residents Aged 65 and Older	98.2	92.4	1.06	93.7	1.05	91.8	1.07	87.9	1.12
Title 19 (Medicaid) Funded Residents	80.4	62.9	1.28	60.6	1.33	62.7	1.28	66.1	1.22
Private Pay Funded Residents	19.6	20.3	0.97	26.1	0.75	23.3	0.84	20.6	0.96
Developmentally Disabled Residents	0.0	0.9	0.00	1.0	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	19.6	31.7	0.62	34.4	0.57	37.3	0.53	33.6	0.58
General Medical Service Residents	33.9	21.2	1.60	22.5	1.51	20.4	1.66	21.1	1.61
Impaired ADL (Mean)	44.6	48.6	0.92	48.3	0.92	48.8	0.91	49.4	0.90
Psychological Problems	62.5	56.4	1.11	60.5	1.03	59.4	1.05	57.7	1.08
Nursing Care Required (Mean)	3.8	6.7	0.57	6.8	0.55	6.9	0.55	7.4	0.51